



Medical Reserve Corps Presentation

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Department of Health and Human Services
Office of Public Health Emergency Preparedness

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Creativity and an Action Plan

Pulling it all together



Ground Rules and Goals

Cowboy Hat Help

Common Sense Solutions

A Challenge for you....



Audience Assessment?

Who are you?

What is your number one concern?

- Routinely
- Related to Medical Reserve Corps

Top three burning issues???



Leading America to
better Health, Safety
and Well-Being



Myth Busters and Quiz

- Panic?
- Evidenced-based research is key
- What do you really know
 - About HHS
 - About ESF # 8
 - In general – a little knowledge = lotsa comfort



MISSION

What We Do:

The Department of Health and Human Services is the government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.



Secretary Mike Leavitt

FY 2005 - \$581 billion
HHS employees – 67,444

U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS is a uniformed service of more than 6,000 health professionals who serve in many HHS and other federal agencies.



Agencies of HHS

Public Health Service Agencies:

- Centers for Disease Control and Prevention
- National Institutes of Health
- Food and Drug Administration
- Health Resources and Services Administration
- Agency for Healthcare Research and Quality
- Indian Health Service
- Substance Abuse and Mental Health Services Administration

Other HHS Agencies:

- Centers for Medicare & Medicaid Services
- Administration for Children and Families
- Administration on Aging



Overall Goals of HHS Emergency Preparedness Program

To ensure sustained public health and medical readiness for our communities and our nation for

- Natural and man-made disasters;
- Terrorist threats or incidents;
- Infectious disease outbreaks and pandemics;
- Special Events;
- Animal health emergencies; or
- Any other circumstance that creates an actual or potential public health or medical emergency where Federal assistance may be necessary.



HHS Primary Federal Agency Role

HHS is the primary Federal Agency responsible for public health and medical emergency planning, preparations, response, and recovery in the following scenarios:

The Secretary of HHS, using his authorities, declares a public health emergency

HHS assistance has been requested by the appropriate State, local or Tribal authorities

A Federal Department or agency acting under its own authority has requested the assistance of HHS (including the Robert T. Stafford Act).



HHS & Homeland Security Relationship

HHS is signatory on NRP along with all agencies in the plan

HHS has Key Emergency Preparedness & Response Role:
Office of Public Health Emergency Preparedness is lead

Concept of Operations: HHS role in Rapid Needs Assessment, ERT-A/State EOC, NRCC, RRCC

HHS is lead for Emergency Support Function (ESF) #8 which includes
JRMPO, NDMS ECs, DMAT, VA, CCRF

Plans and coordinates with State Emergency Managers, State Health
Department Personnel, CDC and HRSA, State and Local
Government organizations, Hospital/EMS agencies



HHS Planning Assistance

\$ Billions since 2001 for state, local and hospital preparedness via two Key Grant Awards Programs:

- CDC: upgrade state and local capacity (\$2 billion to date)
- HRSA: program for hospital preparedness (\$650 million to date)

Funds go via state public health agencies

75 percent for direct/indirect support of local public health departments and hospitals

For Region VI Grant Info Contact your state health dept or
CDC Project Officer Keith Williams krw2@cdc.gov



Authorities of the HHS Secretary

Declare a public health emergency.

Direct the deployment of the U.S. Public Health Service
Commissioned Corps.

Provide public health and medical services.

Make and enforce regulations concerning isolation and
quarantine.

Conducts/supports research and investigations into the
cause, treatment, or prevention of diseases/disorders.

Provide for the licensure of biological products.



Office of Public Health Emergency Preparedness (OPHEP)

Mission: On behalf of the HHS Secretary, the Office of Public Health Emergency Preparedness (OPHEP) :
directs and coordinates HHS-wide efforts with respect to preparedness for and response to bioterrorism and other public health and medical emergencies.



Office of Public Health Emergency Preparedness Responsibilities

Prevent, prepare for, respond to and recover from acts of bioterrorism and other public health emergencies

Act as the Department's liaison with the Department of Homeland Security and other Federal agencies

HHS Secretary's principle advisor on issues relating to intelligence matters, bioterrorism, and other public health emergencies



HHS OPHEP Program components

Enhancement of State and local Public Health and medical preparedness;

Development and use of National and Departmental policies and plans relating to the response to public health and medical threats and emergencies;

Coordination with relevant HHS, State, local and Tribal public health and medical officials, Federal ESF 8 partners and others within the National security community; and

Rapid public health and medical support to Federal, State, local and Tribal governments who may be responding to incidents of national significance or public health emergencies.



HHS Concept of Operations Plan for Public Health & Medical Emergencies

Sets forth standard operating procedures for HHS to manage public health and medical emergencies

The HHS CONOPS outlines implementation of emergency preparedness and response authorities and establishes the Department's policies for emergency preparedness and response

Serves as a basis for improving coordination within HHS, with other Federal Agencies, and with State and local partners

Consistent with the National Incident Management System (NIMS) and the National Response Plan



Emergency Support Function #8

Provides coordinated Federal assistance to supplement State, local, and Tribal resources in response to public health and medical care needs for potential or actual Incidents of National Significance and/or during a developing potential health and medical situations.



ESF #8 - *Continued*

ESF #8 resources can be activated when:

The resources of State, local, or Tribal public health and/or medical authorities are overwhelmed and Federal assistance has been requested by the appropriate authorities;

Impending Incidents of National Significance require pre-deployment of ESF #8 assets; or

The Federal Government has the lead responsibility under applicable law.



ESF #8 - *Continued*

ESF #8 involves supplemental assistance to State, local, and Tribal governments in identifying and meeting the public health and medical needs of victims of an Incident of National Significance. This support is categorized in the following core functional areas:

Assessment of public health/medical needs;

Public health surveillance;

Definitive care and medical personnel; and

Medical equipment and supplies.



HHS Secretary's Emergency Response Team (SERT)

- Activated for incidents that are of National impact and require the broader resources of HHS or ESF #8.
- Typically led by an HHS Regional Emergency Coordinator (REC) who will coordinate closely with HHS regional personnel and other Federal assets (e.g. Principal Federal Official).
- Integrates with the local incident managers and facilitates support as requested by State and Tribal authorities.
- Provide coordinated Federal management of HHS and ESF #8 assets during a major public health and medical emergency.
- SERT Structure is ICS Based, expands as required: Command Staff, General Staff & SMEs



HHS Commissioned Corps Readiness Force (CCRF)

Office of Force Readiness and Deployment

Provides a cadre of PHS Officers uniquely qualified by education and skills to be mobilized:

- In times of extraordinary need during disaster, strife, or other public health emergencies;
- In response to domestic and international requests, to provide leadership and expertise by directing, enhancing, and supporting services of HHS, DHHS OPDIVs, DHS, other U.S. Government agencies, and/or respondents.



CDC Resources

- BioSense – Early Event Detection
- Epidemiology Field Officer Program (CEFO)
- CDC Intranet, Internet and Event-Specific Websites
- Certified Industrial Hygienist (CIH)
- Chemical Demilitarization Program
- Countermeasure and Response Administration System (CRA)
- Electronic Communications Technology Platform (ECTP).
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- Epidemic Information Exchange (Epi-X)
- Geographic Information System
- Hazardous Substances Emergency Events Surveillance (HSEES)
- Health Alert Network (HAN)
- High Frequency (HF) Radio Operator Team
- Incident Support Team (IST)
- International Emergency and Refugee Health Branch (IERHB)



CDC Resources *(continued)*

- Medical Epidemiologist
- Outbreak Management System (OMS)
- Preparedness Data Warehouse (PDW)
- Private Sector Pharmaceutical Tracking (SPARx)
- Public Health Advisor (PHA)
- Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors www.bt.cdc.gov
- The Public Health Directory (phDir)
- Public Health Rapid Needs Assessment
- Rapid Toxin Screen/Chemical Laboratory Rapid Response Team
- Regional Operations (DRO)
- Tracking and Results Reporting System (STARRS)
- Toxic Exposure Surveillance System (TESS)
- Vessel Sanitation Program
- Mass Trauma Preparedness and Response Program



CDC

Bioterrorism Preparedness

Goal of Bioterrorism Cooperative Grants:

To upgrade state and local public health jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

Your state health department will have more information on this important program.



HRSA Hospital Bioterrorism Preparedness

HRSA Hospital Bioterrorism Cooperative Agreement Grants

Goal: To aid state, territory, and selected entities in improving the capacity of the health care system, including hospitals, emergency departments, outpatient facilities, EMS systems, and poison control centers, to respond to incidents requiring mass immunization, isolation, decontamination, diagnosis, and treatment, in the aftermath of terrorism or other public health emergencies.

www.hrsa.gov/bioterrorism.htm



CDC/SNS: Strategic National Stockpile

Stockpiles of pharmaceuticals and supplies to respond to CBRNE events and natural disasters

Two tiered Approach:

- 12-Hour Push Packages
- Vendor Managed Inventory (VMI) Packages

Provision of Technical Assistance and evaluation of State plans for the receipt, storage, staging, and distribution of the SNS

- Assistance in SNS training and exercises

<http://www.bt.cdc.gov/stockpile/>



CDC/SNS/ChemPack

“**Forward**” placement of **nerve agent antidotes** to provide state and local governments to **improve their capability** to respond quickly to a nerve agent attack.

States funded to strategically place ChemPacks throughout State. Two type of ChemPack containers:

- **The EMS Container**: Designed for emergency responders; materiel packaged mostly in auto-injectors
- **The Hospital Container**: designed for hospital dispensing, with multiuse vials, for precision dosing and long term care.

For more info contact your State Health Department



A Texas Story



Training

- The OPHEP Regional Emergency Coordinator provides training on federal health & medical disaster assistance and health & medical preparedness, and planning coordination across the Region.
- CDC, SNS, ChemPack, and HRSA also provide a variety of training and exercise programs. Contact your local or state health department for this training information.



Exercises

- The HHS Regional Emergency Coordinator has a special interest in developing coordinated plans across the entire region and will participate in Federal, State and local exercises depending upon availability.
- The CDC SNS offers assistance to States and major metropolitan areas in exercises involving the receipt of the 12-hour Push Pack.
- CDC and HRSA grants provide funding and support for exercises and the associated deliverables.



Tips to maximize your benefit from HHS's vast resources

Reach out to your HHS, CDC, HRSA, State and Local Public Health

Invite reviews on Pandemic flu and Surge plans

Maximum lead times for meetings. Add VTC/CC.

Tenacity with hospitals, clinics, nursing homes, home health care now

Invite the operational decision maker to meetings

Model logistics for evacuation and surge in detail with State EOC staff

Contact Hospital Councils, State Hospital Association and ask to plan/exercise together with large consortiums

Mine resources to minimize costs, i.e., full capability HAN-like systems

Incorporate threshold definition for declaration process in training/exercises



Review

- Threshold Definition
- Systems and how/when they fit
- Sales and marketing
- Hot buttons
- Golden Nuggets
- Not Rocket Science



Questions?



HHS Region VI in Dallas, TX

Office of Public Health Emergency

Preparedness

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